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NOVOZYMES, 1 1445 DREW AVE DAVIS, CA 95616	j	٥		I hereby certify that to States Postal Service addressed to the Ma	rtificate of Mailing or Tran his Fee(s) Transmittal is bein with sufficient postage for fi il Stop ISSUE FEE addres PTO (571) 273-2885, on the	ng deposited with the United rst class mail in an envelope s above, or being facsimile
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APPLICATION NO.	FILING DATE	FIR	ST NAMED INVEN	ITOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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CORBIN, ARTHUR L		1761		426-052000		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			(1) the names of or agents OR, alte	single firm (having as	nt attorneys 1 ROO a member a 2	ert L.Starr
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